Adolescent Sexuality Conference: Best Practices – New Approaches

April 13-14, 2010, Seaside, OR
www.oregon-aqsc.org
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Groups/individuals encouraged to attend: educators, health personnel, administrators, counselors, social and youth service workers, parents, clergy, teens, community members

Conference Sponsors: ISA/Pride Surveys, Oregon Teen Pregnancy Task Force, VDAC

Conference Supporters: Aylett Wrights, Community Volunteer * Bire Akins, Community Volunteer * Cascade AIDS Project * Insights Teen Parent Program * Open Adoption & Family Services * Oregon Attorney General's Sexual Assault Task Force * Oregon DHS, CAF Self-Sufficiency Programs * Oregon Public Health, Adolescent Health Program * Public Health, HIV/STD/TB Program * Oregon Teen Pregnancy Task Force * Pathfinder Academy * Planned Parenthood of the Columbia-Willamette * Planned Parenthood of Southwestern Oregon * Northwest Portland Area Indian Health Board * PSU, Center for the Improvement of Child and Family Services * PSU, Regional Research Institute, VDAC

Keynote Speaker: Paul Joannides, Psy.D.

He is the author and publisher of the Guide to Getting It On. He is a research psychoanalyst who writes the "As You Like It" blog on six fror Psychology Today. He speaks at colleges and is also NCAA College Health & Safety Grant speaker.

Guide to Getting It On: 6th edition, 14 languages, as thick as a large telephone book

His book, Guide to Getting It On, was distributed to audience members if their raffle # was selected.

http://guide2getting.com/

Some ideas that he shared with all conference attendees:

1. "How do you make if safe to have the conversations?...you ask questions"
2. There are big gaps in curriculums. If no funding…you find ways to do it "under the radar", slide this info in anyway you can, do it "underground" if you have to, create conversations
3. Conversations need to begin in 1st grade, "If you are at all practical, you know sex ed should start in 1st grade"
4. Society avoids such conversations…"we teach them to wipe their ass, but not about their penis or the pleasures of masturbation"
5. Advocated IUD for young women ("people are prejudice against birth control"). IUD had highest satisfactory rate, gives 10 years of hassle free birth control
6. Stated to audience… "What I have to say today if fairly explicit…if you are 18 or younger, plug your ears, go home, and do exactly what you have heard"

7. When planning sex ed curriculum, we leave out/neglect youth (typical players in the conversation: state leg., school boards, parents, teachers)
8. "What's going on that we have women who are turned off by putting their fingers in their vagina"
9. "Good to discuss with each other (males and females) how they feel about their genitals"
10. Encouraged "emergency contraception". It's a myth…doesn't cause abortion or prevent implantation". If don't have emergency contraception…"gang up 3-4 types of oral contraception's instead"
11. Some of the topics covered in his keynote speech: period sex, female orgasms, masturbation, premature/delayed ejaculation, masculinity, porn
12. Valuable to include explicit lyrics in meaningful conversations in the middle school.
13. Pleasure needs to be a part of the conversation in sex ed programs
14. Need on-going conversations…not "the talk"
15. "Abstinence…forget about that stuff", speaker made reference to home-schooling in a derogatory manner

PORN workshop by Paul Joannides, Psy.D. (Keynote Speaker)

1. Shared the history of porn.
2. Discussed present day porn, "mainstream porn", discussed every genre of porn
3. How do teens take all this in, creates a "perception" of what sex is/isn't
4. Use porn as an opportunity to have conversation with teens (ie:parents, teachers)
5. No one teaches this…we expect them to magically know
6. Types of "lubes"… "you want the ride of your life"
7. Porn addiction – speaker made reference to an Eastern European study where they find that sexual assaults go down when porn is being used. Notion that porn increased more assaults is incorrect.
8. Sexting – "each generation defines privacy differently, a bad/poor judgment call…idea that it's pornography is insane"
9. Breath play/edge play/strangulation…extremely dangerous
10. Circumcised – speaker doesn't think it should be done…let the boy decide.
11. Have conversations about the different complexities of sexuality
12. "How many straight people get kicked out of their homes because of their sexual orientation"
13. Speaker stated…"I have respect for religion"
14. Barriers need to be loosened regarding sexual orientation; more open conversations
15. Individual from audience stated "when my door is shut…anything goes. If it comes up, we talk about it". I have full support from my administrator about this
16. approach. Speaker openly supported this notion… "it's just as important as math, physics, history, or whatever"

W.I.S.E in Oregon Workshop

Brad Victor (Oregon Department of Education), 503.947.5655, brad.victor@state.or.us

1. HB 2509 (passed in Dec.2009)

"Just makes what we had better. Comprehensive Sex-ed, not one person testified against this. ODE did not receive on phone call opposing HB2509.
Where were the Conservatives? Now…some are having a problem with this. In Oregon public schools…more students opt out of science than from sex.ed courses.

2. "Abstinence-based and abstinence-only" are synonymous
3. Brad Victor believes that most school districts are dealing with student's health by default. Recommends book Health is Academic
4. Received grant ($175,000) via Grove (?) & Packard Foundation because:
    a. Oregon law is one of the most progressive/cutting edge
    b. Oregon Youth Sexual Health Plan ("Teen to Teen")
    c. Community based, youth involvement, partnerships
5. W.I.S.E. grant recipients: Clatskanie, St. Helens, Sheridan, Woodburn, Tigard-Tualatin, Sherwood, Willamina. Part of grant is for teacher training, subs, etc.
    a. Some reasons: superintendent request, school-board member ally, effort to begin a SBHC, community forums, after-school programs, standards & assessment training, mapping curriculum, help in reviewing/selecting curriculum, change k-12 curriculum.

6. W.I.S.E. in Oregon goes toward Grantee schools, Youth Social Media (Marketing), Community Forums (partnering w/Planned Parenthood)

a. Planned Parenthood (Community Forums to promote WISE/comprehensive sex-ed in schools
    1. to get support/movement in WISE grant goals
    2. youth driven/organized
    3. engage youth in promoting program & informing community
    4. cultivate allies/support for comprehensive sex-ed in schools
    5. pay coordinators in local community, pay some youth, provide technical support,
    6. "healthy kids learn better"
    7. WISE to promote health, curb unprotected-sex, prevent pregnancy

6. DHS, ODE, WISE, Oregon Health Authority…partnering on a project already in place = more likely to get grant; this has given WISE strength
7. WISE goal is to build culture w/ superintendent, community/school-boards, teachers. Look at making change at district level.
    a. WISE offers each district $1500.00 IF school board goes through a 2 hour training…and then hopefully they will decide to apply for WISE grant. Targeting I-5 corridor, Portland/Salem/Beaverton/Eugene already doing the right thing (regular trainings with Brad Victor)
    b. Send info regularly to vice-principle, principle, superintendent (targeted mailings)

Brad said that St. Helens had an ally on the school board, but is getting push-back form two people on a Health Curriculum Committee. Progress is moving very slowly ("baby steps").

One Style Doesn't Fit All – Oregon Reproductive Health Programs work to make birth control accessible, free or low cost to Oregon youth

Jon McDaid, MA, Provider Liaison
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Objectives: Identify family planning services in Oregon, discuss Medicaid citizenship verification requirements for the Family Planning Expansion Project (FPEP), discuss barriers for youth access to family planning (FP) services, describe four strategies to promote youth access to FP services

Definition of Family Planning: provide free birth control

Family Planning Services:

1. all about reducing the barriers
2. providing confidential services (not going to call parent /guardian)
3. services for those of "reproductive age" (around age 10)
4. law provide s teens to have privacy – no adult needed. When asked about pre-teens…answer was fuzzy, if pre-teen wants them to contact parents, then they will). Some "encourage" adult support.
5. teen will get method of choice.
6. Vasectomy (provided for those 21 or older)
7. moving toward promoting IUD's. Lots of teens are asking for this.
8. 169 Family Planning Clinics in Oregon. Includes County Health Department, Planned Parenthood, and other services. Additional service providers can get reimbursed via FPEP. Some work closely but remain independent.
9. Waivers give states more latitude/flexibility…ways to skip some loopholes.
10. FPEP and Oregon Health Plan are considered "Medicaid Waiver Programs" – programs trying to reduce pregnancy for folks who would end up on Medicaid.
11. One-fourth of clients are teens
12. For every $1 spent by state…$5 is given from federal government
13. FPEP have to renew every 3 years. They ask the federal government for more each time.
14. Must prove citizenship, must be resident of Oregon. County Health Department can serve illegals. Title X based on income…not on citizenship.
15. Everyone will be served. Teens qualify on their own income (parents income is not considered). Doesn't matter (we'll make it work somehow), they will bet service for free.

16. Who pays for treatment of infections? Usually if they can get them to through the door…cost will be covered some how. This includes coverage/care for partner.
17. If gay or lesbian…if asking for contraception for the "prevention of pregnancy", will be covered. Not covered if for the "regulation of periods" for example.

Who qualifies for FPEP?

- Oregon residents, fertile women (age 10-60) and men (age 10+), income below 185% FPL (changing to 250% FPL), if insurance doesn't cover birth control, renew yearly, enroll "forever"
- If covered under parents insurance (which would pay for contraception), request is confidential…and will not be sent to their insurance company.
- If client is "fearful of emotional/physical harm; emotional abuse if parents were to find out they were using contraception"
- Income is not an issue
- Prior to Nov.1, 2006, personal information "self-declared"; no verification was required. This has changed ("seems harsh")
- Federal Medicaid changes: Deficit Reduction Act 2005. Now new and renewing clients must provide proof of citizenship and identity to be eligible (passport or birth certificate, and ID, certified originals, required before service provision.
- This Deficit Reduction initially caused 25% less teens to seek birth control
- Schools are recommended to request student's SS # and birth certificate…then you can look this up without parent permission.
- Client has 100 days of service while working to secure those documents; if born in Oregon…FPEP will find your birth certificate; FPEP will pay to get your birth certificate from another state; "citizenship is not a problem…we'll figure it out"
- FPEP clients can go to any FPEP clinic around the state and receive services
- FPEP confident in its sustainability…given the new Federal Health Plan (Obama)

Strategies to promote youth access:

Posters in clinics, high schools; state-wide movie theater ads, billboards, mass transit, DHS can provide counties with outreach materials/support, purchasing "text 411" – text feature that directs youth to closest FPEP clinic when they type in their zip code), new brand identity/recognition, outreach campaign dumped $1 million (in response to decrease of clients due to Deficit Reduction Act), pocket guides to hand out to students at the beginning of the year or in health class (order 1000's of "oregoncontraceptivecare" pocket guides… "we've got a million dollars…we've got the dough"), referral incentives (ie: gift bags if bring a friend to FPEP clinic).

FPEP did market research in how to best do "Social Marketing Campaign" and is changing their name soon (in next few weeks). Will be referred to as:

Oregon Contraceptive Care
(aka: "Oregon C-Care")

Ads say, ***"Turn misconception into Contraception".*** These various ads picture average teens holding signs that read: "I'm putting my health at risk", "I'm stuck with a method I hate", "I'll gain too much weight", "My choices are limited', It's withdrawal or nothing", "I can't get an IUD", "Stuck with raging hormones", "I can't afford it", "Just condoms", "I can't afford it"

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Federal Government looking for "Promising Programs" when providing grants; "prove it, they'll fund it"

Terms they are using: "Researched based", "Evidence based"

If include an abstinence message… "Medicaid would probably not accept it"

CSH – Coordinated School Health Model: allows schools to work in partnerships, sends more consistent messages, staff health promotion (ie: insurance coverage), mental health, food, physical education, etc.

SHAC – School Health Advisory Committees: concerted efforts/coordinating plans

Buzz-words: Promising Programs, researched-based, evidence-based, comprehensive, fear-based, medically accurate, scientifically groundless, best practice, "Healthier kids learn better"
CSH – Coordinated School Health Model, SHAC – School Health Advisory Committees

David C. Wiley, PhD – *Spoke to all attendees
President of the American School Health Association

From Texas… "backwards, right-wing, red-neck", on a school board for 4 years

Oregon HB2509 – comprehensive, medically accurate, allay fears concerning risks that are scientifically groundless
Texas- emphasize abstinence, bill requiring medical accuracy failed to come to a vote, no mention of "science" at all

"Keep the main thing, the main thing"
… "Remember, we need to put the needs of students ahead of the wants of adults"

-Recommends book Health is Academic: A Guide to Coordinated School Health Programs

-don't be afraid of who will disagree (ie: abstinence, abortion)
-"best practice"
-conspiracy to silence (we've had generations of this"
-there are certain things parents can and cannot do
-Texas…all about marriage, Oregon…light-years ahead of Texas
-A Social Justice issue
-A constellation of risks…
- If daughter came home today around 19/20 years old and wanted to get married…I'd throw a fit. (The age for marriage should be much later)
-Sex Ed Report in Texas (justsaydon'tknow.org)
-Oregon Sexual Health Plan…still an unfunded mandate…so *still* a challenge

School Boards:
* They understand school achievement/drop out rates, and the bottom line ($)
* Often dominated by two sides arguing (reveals that they are not thinking about kids)
* CAVE people (Citizens against virtually everything)
* Full of "good old boys"; they don't get it, puritanical methods to deal with hormonal issues (ie: abstinence only)
* Ultra conservative right-wing radicals
*"The stone age didn't end because we ran out of stones", F.Flintstone
*School boards think it's not happening
*We're not good at this, because we don't talk about it.

Characteristics of more effective school board members:
Global perspective, avoid minutiae, trusts superintendent, know when to "pay attention", willingness to admit weaknesses, receives and uses training, not afraid to lead, not afraid of change

National Trends in Sexuality Education:

Rethinking of abstinence-only education, re-branding of "abstinence-only education, reality-based sexuality education, focus on academic achievement and financial costs of failed programs, focus on evidence, focus on delivery systems outside of schools

Rule #1: Actively involve students/young people

Recruit all types, creates "instant credibility", actively involve them through training and consultation, develop their leadership/public speaking skills, they must have supportive parents/caregivers, constantly consulted to make sure the correct message is given to decision-makers.

… "Remember, we need to put the needs of students ahead of the wants of adults"

Before going to school board:

-determine who is "progressive"
-learn district policies regarding employee contact with board
-recruit others (including students)
-have a local Health Ed. Advisory Council
-PTA/PTO, physicians, teachers, students, clergy, etc.
-work with superintendents office
-learn what is actually occurring and inform
-perceived policy vs. real policy
-show data/comparisons, make it local, don't make it emotional
-"evidence-based"
-shared vision
-present quality curriculum materials
-meet and plan
-recruit 1-2 health champions on board
-avoid us vs. them (interesting…speaker spoke negatively about Fox News/ listeners)
-know your politics
-take baby steps
-learn to count (how many board members do you have on your side?)
-have an ongoing presence at school board meetings
-focus on Coordinated School Health Programs (CSHP)…don't have a six ed school board meeting
-link the money spent/outcomes
-"healthy kids learn better"

Announcement at lunch: Please pass the word about upcoming Oregon Queer Youth Summit, Saturday, May 15, for youth age 23 or younger. Admission is $5.00, Portland.

"Gender Inclusive" bathroom located upstairs

"My Future, My Choice" – Curriculum that most middle schools will be using. Seeking a logo design by a youth 11-24 years old. Prize: $100.00